Effective October 1, 2003														
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E		OR	OTHE	R THAN ENTITY	1	
T	OTAL CLAIMS	S	16					RATE	FEE	7	RATE	FEE	1	
F	OR .		NUMBER FILED		NUMBER EXTRA		·	BASIC FE	385.00	OR	BASIC FEE	770.00	1	
T	OTAL CHARGE	ABLE CLAIMS	(6 minus 20=		•			XS 9=		OR	X\$1,8=		1	
IN	DEPENDENT C	CLAIMS	4 minus 3 =		•			X43≈	<del>                                     </del>	1	X86=	86	1	
MULTIPLE DEPENDENT CLAIM PRESENT									-	1 <sup>OR</sup>			1	
* If the difference in column 1 is less than zero, enter *0* in column 2								+145=		OR	+290=	0-0		
•									<u> </u>	OR	TOTAL	256	•	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER		·	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	٠	
	Total	. 23	Minus	-2	v	.3		X\$ 9=		OR	X\$186	1600	ن	
ME	Independent	. 4	Minus	4		=		X43=	_	OR	X86≡.			
2	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=			
		(Column 1)	12	12-		(Column 3)	i.	TOTAL DOIT. FEE		00	TOTAL ADDIT. FEE	1500	upul	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	·	
	Total	23	Minus	100	2	•/	_	X\$ 9=	•	OR	X\$18=			
	Independent	ENTATION OF MI	Minus	/-	~			X43=.		OR	X86=			
-	FIRST PRESE	MATION PE MI	JETIPLE DEF	ENDENT	C-CIM		Γ	+145=		OR	+290=			
							L	TOTAL DOIT, FEE		OR	TOTAL NOOT, FEE			
		(Column 1)		(Colum	n:2)	(Column 3)		DOM: FEE				•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	• .	
	Total	•	Minus	**		0	Γ	X\$ 9=		OR	X\$18=			
A SE	Independent	•	Minus	940		•	上	X43=		OR	X86=			
	FIRST PRESE	ENTATION OF MIL	JUTIPLE DEF	PENDENT	CLAIM		H			Ì	1200			
		ran 1 is less then th					L	+145=		OB	+290=			
***	the "Highest Nu	mber Previously Pa mber Previously Pa mber Previously Pak	LID FOR IN THE	S SPACE is	less than	3, enter "3."	~	OIT. FEE		_	DOTT. FEE		•	

Application or Docket Number